

EXHIBIT 17

From: [Mimi Thompson](#)
To: "Ben Kirk"
Subject: Irish Delta & Strotas Group
Date: Wednesday, August 26, 2009 10:59:07 AM
Attachments: [2009_08_26_07_46_42.pdf](#)

Good Morning Ben,

Can you please have the attached forms signed. Also I will need a passport for each individual on the account and a utility bill or something to verify the address of record.

You can fax all the information to me. Please let me know if you should need anything or should have questions.

Thanks for everything

Mimi Thompson
Scottsdale Capital Advisors
2782 Gateway Road
Carlsbad, CA 92009

800.914.2541 ext 210
760-448-1800 local
760-448-1801 fax
760-650-5225 cell

Rep A101

no account may be opened without a copy of a valid form of picture identification



CUSTOMER ACCOUNT INFORMATION

Account Name <i>Stratas Group Corp.</i>			
Marital Status (Please Check)	Number of Dependents	Citizenship	Date of Birth (MM/DD/YYYY)
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	—	Panama	
Joint Tenant Name (If Applicable) <i>LVZ Erika Julio</i>			
Marital Status (Please Check)	Number of Dependents	Citizenship	Date of Birth (MM/DD/YYYY)
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Panama	<i>4/14/1974</i>
Home Address <i>Samuel Lewis 58th Ave. 7th Floor 7-A Panama City, Panama</i>			
Mailing Address (if different from above): <i>Same as above</i>			
Daytime Phone	Cell Phone	Fax	
Email Address <i>Riga@origua.com</i>			
By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.			
I would like the proceeds of sales: <input type="checkbox"/> Sent in the form of a check. <input checked="" type="checkbox"/> Held in a money market account. <input type="checkbox"/> Sent as a wire transfer (send instructions).			
Employer Name		Position/TITLE	
Address		City	Province
		Country	Postal Code
Affiliations and Acknowledgements Do you have a securities license or are you affiliated with any stock exchange? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No		Other Accounts Do you currently maintain an account with another brokerage or investment firm? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No	
Firm Name Bank Name: Location (City, Country)		Firm Name Location (City, Country)	
Banking Bank Name: Location (City, Country)		Information Release In order to comply with SEC regulations, we require your permission to release your account information to issuers. We will assume Yes if left blank. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The following is an entire list of the public companies in which I am: (1) An officer or director; (2) A holder, directly or indirectly, of 5% or more equity interest. (3) A corporate "insider," "controlling person," member of a controlling group or representative of a corporate insider, controlling person or group. (Use the back of this paper if more room is needed. If none, write "none.")			
Acct. #	Company <i>NONE</i>	Title	# Of Shares Owned
	Company	Title	# Of Shares Owned

Suitability Determination

Alpine Securities will use the following information to determine your suitability as per the 15-g rules set forth by The United States Securities and Exchange Commission.

Financial Information	Personal Assets:	Investment Objectives
Annual Income: <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input checked="" type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> Over \$200,000	% Stock % Bonds % Cash % Real Estate % Business % Other	<input checked="" type="checkbox"/> Speculation <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Tax Advantage <input type="checkbox"/> Safety of Principle <input type="checkbox"/> Other: _____
Net Worth <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input checked="" type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over 1,000,000	Tax Bracket Please check: <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input checked="" type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35%+	Experience Please fill in amount (in years) of experience with each: Stocks: <u>10</u> Bonds: <u>10</u> Options: <u>10</u> Commodities: <u>—</u>
Liquid Net Worth <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input checked="" type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000		

Education: Please fill in number of years attended: <input type="checkbox"/> High School <input type="checkbox"/> College (Undergraduate) <input type="checkbox"/> College (Graduate)	Have you attended any business classes or investor training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please list institutions where classes were attended in the space below: _____ _____
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PLEASE READ BEFORE SIGNING		
Certification:		
Under penalties of perjury, I certify that I have previously received a Risk Disclosure Document explaining important information about designated securities. Furthermore, the undersigned hereby represent(s) that he/she has read the terms and conditions of the Cash Account Agreement, including the reverse side thereof, and agrees to be bound, jointly and severally, to all the terms and conditions. The undersigned further affirms he/she is not acting as a nominee. The undersigned agree(s) to notify Alpine Securities if any of the above information changes.		
	Customer Signature	Date _____
Joint Customer Signature (If Applicable)		Date _____

I hereby certify that all information has been provided to me by the customer:		
Registered Representative	Date _____	
Approval of Principal	Date _____	

Rep 2101

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**CUSTOMER ACCOUNT INFORMATION**

Account Name

Irish Delta Inc.

Marital Status (Please Check)

 Single Married Divorced Widowed

Number of Dependents

—

Citizenship

Date of Birth (MM/DD/YYYY)

Joint Tenant Name (If Applicable)

Daysi Lorena Gil

Marital Status (Please Check)

 Single Married Divorced Widowed

Number of Dependents

—

Citizenship

Panama

Date of Birth (MM/DD/YYYY)

8/30/71

Home Address

City

Province

Country

Postal Code

Samuel Lewis 58th Ave. 7th Floor 7-A Panama City, Panama

Mailing Address (if different from above):

City

Province

Country

Postal Code

Same as above

Daytime Phone

Cell Phone

Fax

Email Address

Rigaorigua.com

By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.

I would like the proceeds of sales:

 Sent in the form of a check.

 Held in a money market account.

 Sent as a wire transfer (send instructions).

Employer Name

Position/Title

Address

City

Province

Country

Postal Code

Name

Affiliations and Acknowledgements

Do you have a securities license or are you affiliated with any stock exchange?

 Yes (see below)

 No

Firm Name

Location (City, Country)

Other Accounts

Do you currently maintain an account with another brokerage or investment firm?

 Yes (see below)

 No

Firm Name

Location (City, Country)

Act. #

Banking

Bank Name:

Location (City, Country)

Information Release

In order to comply with SEC regulations, we require your permission to release your account information to issuers.
We will assume Yes if left blank.

 Yes

 No

The following is an entire list of the public companies in which I am:

- (1) An officer or director;
- (2) A holder, directly or indirectly, of 5% or more equity interest.
- (3) A corporate "insider," "controlling person," member of a controlling group or representative of a corporate insider, controlling person or group. (Use the back of this paper if more room is needed. If none, write "none.")

Company

None

Title

Of Shares Owned

Company

Title

Of Shares Owned

Suitability Determination

Alpine Securities will use the following information to determine your suitability as per the 15-g rules set forth by The United States Securities and Exchange Commission.

Financial Information

Annual Income:

- \$0 - \$25,000
- \$25,000 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$200,000
- Over \$200,000

Net Worth

- \$0 - \$25,000
- \$25,000 - \$100,000
- \$100,000 - \$500,000
- \$500,000 - \$1,000,000
- Over 1,000,000

Liquid Net Worth

- \$0 - \$25,000
- \$25,000 - \$100,000
- \$100,000 - \$500,000
- \$500,000 - \$1,000,000
- Over 1,000,000

Personal Assets:

<u>25</u> %	Stock
<u>25</u> %	Bonds
<u>25</u> %	Cash
<u>25</u> %	Real Estate
<u>25</u> %	Business
<u>25</u> %	Other

Tax Bracket

Please check:

- 15%
- 20%
- 25%
- 28%
- 33%
- 35%+

Investment Objectives

- Speculation
- Growth
- Income
- Tax Advantage
- Safety of Principle
- Other: _____

Experience

Please fill in amount (in years) of experience with each:

- Stocks
- Bonds
- Options
- Commodities

Education:

Please fill in number of years attended:

- High School
- College (Undergraduate)
- College (Graduate)

Have you attended any business classes or investor training?

Yes No

If Yes, please list institutions where classes were attended in the space below:

PLEASE READ BEFORE SIGNING

Certification:

Under penalties of perjury, I certify that I have previously received a Risk Disclosure Document explaining important information about designated securities. Furthermore, the undersigned hereby represent(s) that he/she has read the terms and conditions of the Cash Account Agreement, including the reverse side thereof, and agrees to be bound, jointly and severally, to all the terms and conditions. The undersigned further affirms he/she is not acting as a nominee. The undersigned agree(s) to notify Alpine Securities if any of the above information changes.



Customer Signature

Date

Joint Customer Signature (If Applicable)

Date

I hereby certify that all information has been provided to me by the customer:

Registered Representative

Date

Approval of Principal

Date